



Quality Action
Improving HIV Prevention in Europe

Quality Action CASE STUDY

1. Name and country of the organisation

(Please state the name and the country of the organisation that implemented this practical application of a QA/QI tool as part of Quality Action. We do not publish this information unless you agree. You can remain anonymous by adjusting the settings at the end of this form).

This Case Study is published anonymously.

2. Authors of the case study and contact details

(Please provide then name of the author(s) of this case study and any contact names, Email address or websites where readers can access more information about this practical application of a QA/QI tool).

3. External support (facilitators/partners/technical assistance)

(Please list the names of other organisations and/or people who were involved in this practical application of a QA/QI tool, e.g. project partners, technical assistance, external stakeholders etc..).

4. Project/Programme and key population/target group addressed

(Please describe the project/programme to which you applied the tool and the key population/target group addressed).

The project the tool was applied in is a prevention programme targeted to transgender sex workers (TSW). The project is coordinated and managed by our network and its implementation takes place in different cities through our member organisations. In 2014 it was implemented in different Spanish cities.

The project reached 762 TSW in 2014. Prevention, health and safety leaflets were updated and translated into other languages. It included training for 13 peer educators and 11 health and safer sex workshops in which 71 TSW participated, both at the organisations' headquarters and workplaces. Since 2012, the programme aims to consolidate a TSW advisory group.

The programme is funded by public and private funds. Some local activities and staff are partly co-funded by Regional Health Authorities.

5. Goals/aims of applying the QA/QI tool

(Please list the goals you wanted to achieve with the practical application of the tool).

To hear and integrate TSW expectations and needs into the needs assessment and design of the programme

To involve the participation of TSW in the activities and their implementation

To improve the participation of our network's member organisations implementing the programme in the selection of priorities and their design

To reduce inequalities in service coverage

6. Tool and methodology used

(Please indicate which of the five tools you used (Succeed, QIP, PQD, PIQA, Schiff) and briefly sketch out the steps and measures of how you applied it).

We used the tool PQD.

1.- SMART Criteria. We used this method included in the PQD toolkit with the technical staff of different organisations with the aim of re-defining the programme's specific goals. The discussion went on for an hour and a half.

2.- Circles of Influence. A two and a half hour meeting was organised with the organisation's manager, press officer and technical staff in charge of health and HIV projects. Stakeholders of the project were identified and distributed according to the levels of decision-making indicated by the concentric circles used in this method. They were afterwards re-distributed according to the positions they should occupy in order to decide on actions to take for improved collaboration planning.

3.- Focus Group. Two hour focus group with 9 TSW (7 Latin American and 2 Spanish). They were being trained as peer mediators. The subject was "what can organisations do to improve the health of TSW?". HIV testing and prevention services were discussed, as well as the relationship of organisations with specialised gender units within health care services.

7. Results and benefits of applying the QA/QI tool

(Please describe what resulted from applying the tool and if and how your project/programme benefitted).

1.- The experience of the technical staff of the three member organisations contacting the TSW nurtured the goals of the project. After thorough thought, the goals of the project were expanded to the promotion of sexual health and well-being rather than just HIV-prevention. Different strategies to achieve inclusion of a broader perspective in activities were discussed.

2.- Even if participation in the Circles of Influence exercise was limited to our network's technical staff, thus missing the point of view of other relevant stakeholders, the project benefitted by: a) mapping the different functions that everyone within the technical office could play in improving the quality of the project: press officer, designer, administrative staff, etc. rather than just staff directly in charge of HIV-prevention projects. b) outlining the need to establish alliances with stakeholders with whom little or no contact at all existed (police, media, migrant organisations; c) including the needs of transgender sex workers in other strategies developed by our network (i.e. trans advocacy, police management of social diversity, combating hate crime, etc) d) increasing the involvement of transgender members of the board of our organisation in the decision making process.

3.- Very relevant information was obtained by using this technique. a) low acceptability of community HIV testing services and ways to make it more accessible according to the needs and time constraints of TSW; b) critique of the rather strict and polarised procedures of the specialised transgender unit, which is sometimes not respectful of patients' decisions and which called for better coordination with other health organisations providing health care through the transitioning process of TSW; etc.

8. Recommendations

(Please describe the lessons learnt from positive and negative experiences during the process of using the tool itself and about the quality of projects/programmes like yours).

The most negative experience in implementing the tool was the constant lack of time expressed by different stakeholders, even when they agreed on the need of improving their participatory processes. The time consumed by explaining PQD and Quality Action in order to use the tool left less time for developing the techniques. This calls for more direct ways to contextualise the implementation of the tool. Scepticism and resistance to change in a context of work overload and budgetary cuts did also influence the use of the tool.

The positive experience was that using the tool provided the organisation with the opportunity to contextualise the programme and the needs of the target population within a broader focus, merging with other strategies developed by the organisation. It also served to change the focus of the intervention, placing HIV prevention within a broader perspective of health and human rights.

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